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GLANFORD BRIGG RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1965

MEDICAL OFFICER OF HEALTH

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DISTRICT PUBLIC HEALTH INSPECTORS

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INDEX

Atmospheric Pollution — Commentary - 11,12,13. Tables - 31,32,33,43.

Births — Commentary - 1. Tables - 16.

Deaths — Commentary - 1,2. Tables - 16,17,18.

Disinfection & Disinfestation - 42.

Drainage & Sewerage — Commentary - 8,9,10. Tables - 40,41

Factories Act, 1961 - 44,45,46.

Food Hygiene — Tables - 34,37,38,39

General - 15.

Housing — Commentary - 7,8. Tables - 35,36,37.

Immunisation & Vaccination — Tables - 21,22

Infectious & other diseases — Commentary - 2,3,4,5. Tables - 19,20.

Meat inspection — Tables - 39

Nuisances - 43

Offensive Trades - 42

Offices, Shops & Railway Premises Act, 1963 - 42

Perinatal Mortality — Commentary - 1. Tables - 16.

Refuse Collection - 42.

Rodent Control - 43.

Shops Act, 1950 - 42.

Slum Clearance — Commentary - 7. Tables - 36.

Water Supply — Commentary - 10. Tables - 23,24,25,26, 27,28,29,30.

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50 Holydyke,
Barton-on-Humber.

July 1966

Mr. Chairman, Ladies and Gentlemen,

The vital statistics for our area in 1965 require little comment for they show no gross difference from those for the country as a whole. The birth rate remained high, and indeed marginally exceeded last year's record figure. The rates for stillbirth, perinatal mortality, and deaths at all ages fell slightly, but remain higher than those achieved in some more fortunate areas. In contrast to the fall in stillbirth and perinatal mortality rates the infant mortality rate rose slightly. It seems probable that the improvement in perinatal mortality may be due to the better obstetric care resulting now that all high risk cases are being diverted to hospitals with resident medical staff. The increase in the deaths of infants over one month old may be due in part to the greater numbers of people attempting to bring up families in caravans and other unsuitable dwellings, and the preference of bottle to breast feeding shown by so many mothers.

Of the infant deaths, 8 were due to prematurity, and one to congenital malformation. These were therefore attributable to factors affecting the mother during pregnancy. Of the remaining seven, three were examples of the so-called "cot death" where a child is found dead in its cot, usually with its face buried in the pillow or covered by bedding, and post mortem shows death from asphyxia, either with or without evidence of inhalation of vomit. The remaining four deaths were due to broncho-pneumonia.

Overcrowding and unsatisfactory living conditions certainly play a part in causing respiratory infections which may lead to death from pneumonia The real causes of cot deaths are more obscure. Very small babies may indeed suffocate from simple mechanical causes if they are given soft pillows, but children of 3 months or over are normally able to move their heads and prevent this hazard. The three with which we are concerned were 3, 4 and 5 months old.

Investigations of "cot deaths" have produced some evidence to suggest that allergy to the protein in cows milk may be an important cause. Bottle feeding of new born babies may lead to such allergy developing in consequence of inhalation of minute amounts of feed early in life. It is therefore a pity that so few mothers to-day are prepared to breast feed their babies, even if only for the first three weeks. Whatever the ultimate cause may be, it seems that babies which are breast fed seldom, if ever, die in this way.

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With regard to deaths later in life, I am pleased to be able to report a slight fall in total deaths. However, 32 people aged between 1 year and 49 years died in 1965. This is more than 8 per cent of the total deaths. Deaths of young people, particularly thosed aged between 20 and 50 have grave social and economic consequences. People of this age usually have dependants to support, and a family deprived of the breadwinner is frequently reduced to a subsistence level existence on National Assistance. Children deprived of their mothers suffer grave emotional consequences. Society, which has invested a great deal of money educating a person loses the benefit if that person dies without having worked for several years, and it is between the ages of 20 and 50 that society reaps the dividend on its investment. The most important causes of deaths between these ages were cardiovascular diseases which caused 9 deaths, accidents which caused 8 deaths and the cancers which caused 8. Two people in this age range, a young woman of 27 and another woman of 37, died of tuberculosis - one from the pulmonary form and the other from a tubercular pericarditis.

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The increased incidence of tuberculosis in 1965 was a most disturbing feature. From 1957 to 1964 the average annual notification rate for tuberculosis was 9.4 cases per annum, of which 7.9 were pulmonary and 1.5 were non-pulmonary. In 1965 no less than 17 new cases were notified 15 of these being cases of pulmonary disease. This gives cause for considerable concern, and we must take what steps we can to prevent further spread of this serious disease. Six of the new cases were family contacts of known old cases, and some of them might have been preventable had patients and doctors co-operated better. Patients

who fail to attend for follow-up and surveillance do themselves and the community a disservice. If they subsequently have children and fail to disclose their history, those children, deprived of the protection which B.C.G. vaccination would have conferred, are at serious risk should the disease become active again. One such case, who had already infected two of his children by the time he was rediscovered, refused to enter hospital for treatment although he knew he was in an infectious state. Had he entered hospital when asked to do so a third child might have been spared. Instead, he continued to go about the district, entering shops and other premises without thought for the danger to others, and eventually when the birth of a fourth child created a situation grave enough to justify this, a magistrates order for compulsory admission under the Public Health Act was obtained early in 1966.

Because this man, and one or two other infectious cases have been failing to take reasonable precautions to prevent danger to others many people have been needlessly exposed to risk. Although most people in this country have a fairly high resistance to tubercular infection, children, diabetics, people whose resistance has been impaired by certain other diseases, and immigrants from some other countries are highly susceptible. Only those who despite contact with an infectious case have failed to pick up the disease can be sure that they have a high natural resistance, and only an X-ray examination will reveal early disease before gross damage has resulted.

In view of the marked increase in incidence of tuberculosis in our area and of the risks created by infectious cases the senior chest physician has asked the Mass Radiography Unit to make special visits to the larger villages in the Glanford Brigg R.D. I hope that everyone over the age of 15 who can possibly do so will take advantage of this opportunity to have a free chest X-ray and make sure that they have not picked up the disease.

In addition to doing our best to ensure that full use is made of the M.M.R. Unit when it visits our area we can materially help to reduce the danger of tuberculosis by ensuring that patients suffering from this disease do not live in overcrowded circumstances and that where possible they occupy light and airy houses. One of the fatal cases in 1965 lived in a tiny house under such grossly overcrowded circumstances that a 'bus was needed to take the family contacts for X-ray! The risk to others is far greater if the

patient has to share a small bedroom with half a dozen sisters than if she has a room to herself. We can and should give priority for rehousing to families among whom there is a sufferer from tuberculosis.

Although we now possess drugs which are remarkably effective, and can usually cure tuberculosis fairly quickly we can only gain full advantage from this by finding cases early, before the disease has done too much damage, and before the sufferer has passed it on to other people. Modern drugs have greatly reduced the "prevalence"* of tuberculosis, but public health measures combined with early detection by X-ray are necessary before the "incidence"+ can be reduced. At a time when we have the drugs, the X-ray equipment and the vaccines which could enable us to eliminate this infection there should be no excuse for its incidence increasing as it did last year.

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The numbers of notifications of measles and dysentery were about the same as in 1964, but there was a sharp reduction in incidence of whooping cough (from 98 in 1964 to 1 in 1965). Streptococcal infections, as reflected in notifications of Scarlet Fever, and Erysipelas, declined from 21 in 1964 to 9 in 1965, but Infective Hepatitis (epidemic jaundice) was more frequently notified in 1965. This infection may prove to be as important in preventive medicine as is Rubella (German Measles). It has been noted in Australia that the number of mongol babies born rises sharply about 9 months after each outbreak of infectious jaundice. If further investigation confirms that infection with the virus of jaundice just before or at the time of conception can cause mongolism it may prove possible to reduce the risk of this common form of mental subnormality by warning the public at times when the infection is around so that family planning methods can be used to delay conception until after the outbreak is over. An "early Warning" system based on notifications of jaundice and of german measles might be of considerable value in reducing the incidence of mongolism and of congenital malformation if and when family planning advice is made sufficiently readily available to all for this purpose. Many people who become infected with the jaundice virus do not become jaundiced, but merely suffer a mild illness. This makes control difficult, and indeed the number of

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* "prevalence" is the number of cases, old and new, in the population at a given time.

+ "incidence" is the number of new cases occurring in a given period.

people with such mild symptoms was so high as to deter the epidemiological research unit from including the small outbreak of jaundice at Kirton-in-Lindsey in their trial of British Gamma Globulin in 1965. If the jaundice virus does cause mongolism it must do so at or before conception, and the administration of gamma globulin in early pregnancy would be useless. Although gamma globulin given to women exposed to german measles in the first three months of pregnancy does seem to reduce the incidence of malformation in their babies it is far from fully effective. Postponement of conception until after the epidemic was over might well prove more effective. Since the use of the "Rythm" of "Safe period" method of preventing conception has recently come under suspicion as a possible cause of the high incidence of malformation of babies in Eire it would seem wiser to use either the "pill" or the mechanical methods of preventing conception during outbreaks of german measles or jaundice.

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In many respects the past year has been one of rapid progress, and it is most encouraging to note the courageous lead which the Minister of Health has given, for example by advocating fluoridation and family planning. In my report for 1964 I drew your attention to the need for effective family planning services to prevent social breakdown and evolution of "problem families". The Minister's recent circular advocating provision of such services has undoubtedly improved our chances of obtaining them. There is no doubt that fear of unwanted pregnancy is the cause of much marital disharmony, and that excessively frequent pregnancy combined with the burden of work on the mother and the financial difficulties common in large families are major causes of unhappiness, child neglect, malnutrition, and poor health. It is unfortunate that the law does not at present permit the use of public money to provide a free service except where pregnancy would harm the mother's health. Surely the health and welfare of the children deserves the same consideration as that of the mothers.

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During recent years there has been a growing influx of families with social problems from other areas into caravans in our district. Homeless families who enquire of a site operator in another county are told that although no accommodation is available there they can have a caravan near Scunthorpe. Women divorcing or being divorced by their husbands or whose husbands are in prison, along with families of young children come in this way to our district. Life is far from easy for such people. They live on National Assistance at subsistance level in caravans which are far from ideal places for the rearing of small children. Standards of overcrowding which would horrify us if they occurred in houses are commonplace in caravans, and we are powerless to prevent this. It is hardly surprising that basically good caravans soon develop the character of slums. Until the housing shortage is eased and standards of accommodation and overcrowding are made in respect of residential caravans it is hard to see how we can improve this situation. All local authorities find difficulty in helping these minorities with social problems, but in the interests of the children it is most important that proper provision be made. It appears that some authorities are less helpful than they might be for fear of attracting such families from neighbouring areas and in order to keep down their rates, but if all authorities adopted such an attitude the effects would be disastrous. There is a real need for experimental schemes to accommodate such families and provide the social services which would enable them to lead a civilised life. In this field we might learn a lot from the services in Holland and in Sweden. The Dutch ministry of social work has done much excellent work and if our new ministry were to have its functions and powers extended to include provision of some special housing and more intensive social case work it could carry out some of the same functions.

The present arrangement, under which families on national assistance are expected to save sufficient money from each weekly payment to be able to pay quarterly or annual accounts for gas or electricity, television licences, etc. is a major cause of financial difficulty, and on occasion leads to crime. It is hard to save out of a subsistance level income, and many of the people in receipt of assistance are those least capable of managing. The assistance board's rules were devised with a view to encouraging people to budget for these expenses in the same way as a wage earner must. The objective is

admirable, but misguided. Those with the necessary ability seldom need National Assistance, and usually have a considerably bigger income. Is it not wrong to expect greater ability from those unable to support themselves than from those who can? A simple change in the National Assistance Board's rules so that periodic expenses were omitted from the weekly grant, but paid when the expense arose would ease the present burdens on probation officers and local authority welfare officers, and help to keep families out of financial trouble.

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The council has a statutory duty to deal with those houses in their area which fail to comply with the standards laid down in the Housing Act. In the course of this duty problems arise when occupants of substandard dwellings do not wish to move. It is distressing for elderly people to learn that they will be made to move from their familiar homes, and in consideration of this the council prefers where possible to deal first with those properties whose occupants wish to be rehoused.

If the property is detached this does not present any problem, but when if forms one of a row of terraced houses the situation is quite different. It would be wrong for a council to refuse to deal with unfit houses and to fail to rehouse slum tenants because some third party in an adjacent dwelling did not wish to leave, and to put closing orders on some houses leaving others occupied so that the row cannot be demolished creates unsightly derelict buildings which soon become dangerous. It also prevents redevelopment of the area.

In this situation it is necessary for the council on occasions to enforce the provisions of the Housing Act, contrary to the wishes of some of the occupiers of the proerty. Such a situation seldom arises in villages where rehousing is dependant upon reletting existing houses, since tenants can usually be selected from individual unfit properties. In villages with major housing schemes, however, it is necessary, if the council is to comply with its statutory obligations, to deal with all the slums. This will inevitably result in some people being compelled to move contrary to their inclination.

While councillors and officers will feel sympathy for such people they must also realise that rehousing is also ultimately in the interests of the

future health and happiness of those displaced. While an unfit house may be kept comfortable by hard work, it will only remain a safe place to live in so long as the occupants are physically capable of doing this work. The onset of some of the disabilities so common in old age can soon radically change the position. The steep stairs become a real danger, the walk to the toilet down the garden becomes an ordeal, and failure to light the fire can result in such exposure to cold as to lead to death from hypothermia. To permit old people to remain in unfit property, however much they may wish to, is mistaken kindness, and may lead to earlier death, or removal to hostel or hospital.

If some members of the council had to deal with the distressing cases which I find myself faced with from time to time, and so gained insight into the results of such errors of judgement our slum clearance programme would proceed more smoothly.

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One notable advance during 1965 was the eventual agreement between the Lindsey County Council, the Glanford Brigg R.D. and the Ministry of Transport to provide public toilets at laybys near Mortal Ash Hill on the A 18 road. There is a real need for these. At present drivers and passengers make use of the edge of the woods bordering this stretch of road for urgent natural functions, and disgusting nuisances arise which can be a danger to the public. When completed, this scheme should enable such nuisance and hazard to be prevented.

It is heartening also to note that another hazard to which I drew attention in 1964 can now be reduced. The new Anthrax vaccine developed at the Microbiological Research Unit at Porton became available early in 1965, a supply was obtained and protection was offered to persons at occupational risk. So far, however, the response has been poor, but doubtless this will improve if and when recurrence of anthrax reminds these workers of the risks they run. Let us hope that the response improves while the disease is only affecting animals, and that human disease can be avoided.

During the heavy rains of the winter of 1965/6 sewers in several villages overflowed. Some of these were sewers installed during the past five years. The trouble was most serious at Burton Stather. The more important

health hazards are not always the most obvious ones. For example, when as a result of unusually heavy rain a sewer overflows and dilute sewage is deposited on the ground or in streams an obvious nuisance is created. While this persists all reasonable people protect themselves from risk by either avoiding the situation or by thorough washing after touching any filthy object. Cleansing and removing the obvious nuisance is plainly necessary but does little or nothing to reduce the health hazard.

After the initial cleansing a period of sunshine may kill most of the harmful germs. There are likely, however, to be other harmful agents present which are more resistant. The eggs of tape-worms, and round worms, may remain viable in soil for many weeks. Animals grazing on the contaminated vegetation may pick up tape worm ova, and children may likewise become infested with intestinal round worms from putting contaminated fingers to their mouths. These dangers, although less obvious are probably of more importance than those which create public concern. The larvae of some of these worms may reach the brain and cause epilepsy. The tape worm Taenia Solium can do this, and it now appears that the round worms Toxocara cati and Toxocara canis may do too. Worm ova are not eliminated by merely cleaning the affected area. Plainly the moral of this is to so design our sewers that they will be capable of dealing with all the foul drainage of the area, with adequate allowance for future development and with a wide safety margin to accommodate the "surface" or "storm" water which inevitably finds its way in despite the efforts of our inspectors to separate surface and foul drainage.

One is asking too much of human nature in expecting that when people stop using the old "soft water butt" which formerly collected roof water they will put in a new drain and not merely divert the water from their fall pipe to the nearby gully which serves the kitchen sink. It is almost certainly a multitude of faults of this nature throughout the area combined with ground water infiltrating through leaky joints in old drain pipes which allows storm water into our foul sewers, If this occurs in systems designed only to handle small amounts of foul sewage the pipes become overloaded. Overflowing of sewers in many villages during the wet winter of 1965/6 resulted from this cause.

This sort of situation is most unhealthy. To prevent it we must make all new sewers really adequate. I am far from satisfied with the present system of assuming that each household in the area will only contribute 100 gallons per day. While this is probably a fair average of the current rates of flow, it is only correct because so many of the houses still lack bathrooms and similar modern conveniences.

As more houses are fitted with baths, and more people install washing machines, washing-up machines, dispose-alls, and similar appliances, the amount of water used in each household may be expected to increase. Since we wish our sewers to remain adequate for a number of years it would be wise to take account of this and allow an estimate of 150 gals/day per dwelling, either existing or proposed, in calculating the size of sewers needed. This would be cheaper than putting in inadequate pipes and subsequently having to repeat the scheme or install relief sewers within 5 or 10 years!

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As usual the water distributed by the North Lindsey Water Board was of excellent quality. Due to the increasing demand it was necessary to make use of the bore at Scotney and in consequence some parts of the district received a harder water than others. Only one parish received completely unsoftened water, but the addition of a proportion of very hard water to the reservoir would marginally increase the hardness of the water supplied to a wide area. While this may cause housewives to grumble on wash-day it has also some compensations. The water from Scotney contains a near optimal fluoride level, and young children drinking it will develop sounder teeth.

During the year it proved possible to trace the source of the intermittent seasonal pollution of the raw water at Barrow Bore. Tracing tests with salt followed by bacteriological observations showed that the pollution came from pea silage. During these tracing tests this council assisted the Water Board by asking Mr. Glansford to sample private bores at frequent intervals to see if salt was appearing there. Now that the source of the pollution has been traced it is hoped that measures to minimise it in the future will prove effective. The major obstacle to prevention is the ruling by a frozen food firm that peas must be taken to their fixed viner and may not

in this area be harvested by mobile viners. To ensure high quality they insist on a "90 minute rule" and only where proximity to the factory ensures that peas will be frozen within this time from the moment they leave the pod are they willing to allow mobile viners to be used. By using several viners at the same time so that a lorry load is harvested very quickly it should prove possible to use mobile machines even at this distance from the factory without breaking the rule. Mobile viners leave the haulm in a thin layer in the field - conditions which would make it most unlikely that juice would enter the chalk and would reduce the chance of E.coli multiplying to the extent that they do in silage stacks. It is hoped that the firm concerned may soon agree to allow mobile viners in the area in question.

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A major improvement during 1965 was the installation at the Kirton Lindsey cement works of electrostatic precipitators to the two largest kilns. Since these came into operation in the late summer our gauges have recorded somewhat lower deposits than hitherto. The improvement, although welcome, is not as great as one would wish, and there is still a need for dust arresting equipment to serve the two smaller kilns.

Despite the precipitators at the cement works at South Ferriby some dust nuisance arose in this village. The trouble is believed to be due to the relative inefficiency of the old plant in use at the factory. Major extensions and re-equipment of the plant are in progress and it is anticipated that when the work is completed the position will be satisfactory.

During the year occasional gross pollution with iron oxide dust affected parts of the district. This was due to teething troubles with the dust arrestment equipment at a new Linz Donowitz converter at one of the steelworks at Scunthorpe. Despite the large quantities of oxygen blown through the molten metal some of the carbon was only partly oxidised, and the gasses evolved contained carbon monoxide. On several occasions the proportion of CO to O_2 was such that sparks within the electrostatic precipitator caused the mixture to explode, and the resulting damage to the dust arresting gear put it out of action. On each occasion the alkali inspector authorised temporary

continuance of steel production. During such periods very large quantities of dust were emitted. When operating properly, however, the dust arresting gear on this plant keeps emission down to a most satisfactory level.

Although less impressive than industrial emission, air pollution from domestic chimneys is cumulative, and levels achieved in compact villages where coal is burned on open fires are sufficient to endanger health. The problem is naturally greater in the larger villages, and in due course we shall have to consider making further smoke control areas. We continued to progress with smoke control in parts of the district adjacent to the smoke control areas of Scunthorpe M:B. but because of the shortage of smokeless fuel cannot at present extend our activities further. Fortunately most of our larger villages are so situated that smoke is usually carried away. Only the village of Barnetby, situated in a valley which fills with a pall of smoke under certain meteorological conditions, gives rise to concern at present. Elsham could become similarly affected if it were to increase significantly in size, for it is geographically vulnerable, and only the small number of dwellings involved prevents excessive pollution at times of "inversion". The extensive housing development which may be expected to result from industrial development on the Humber Bank could well alter the picture. We must endeavour to see that such development pursues a healthy course and be prepared to make further smoke control areas if excessive pollution becomes apparent.

Smoke emitted from chimneys, whether domestic or industrial is liberated some distance above ground level, and has usually been greatly diluted with clean air before it reaches nose level. Smoke from bonfires is emitted near ground level and often travels for considerable distances before becoming sufficiently dilute. Although the amount of benzpyrene in bonfire smoke is less than that in coal smoke the concentration reaching people living to leeward of a bonfire is usually several times higher than would result from smoke from chimneys. Benzpyrene is known to be capable of causing cancer, and is believed to be a major cause of this condition. Persons burning rubbish or straw should therefore take care to do so only when the wind will carry the resulting smoke clear of occupied dwellings in the neighbourhood, or in such a manner that large amounts of visible smoke are not emitted. Anyone who persistantly or repeatedly burns material on bonfires or burns off straw in such a manner as to cause nuisance

or injury to the health of others risks prosecution under section 16 of the Clean Air Act. Since the amount of benzpyrene in bonfire smoke is about 70 parts per million of free carbon, persons exposed to such smoke in concentrations sufficient to impair visibility will inhale considerable quantities of this carcinogen. Repeated exposure to such smoke may be even more dangerous than cigarette smoking. Smoke blowing on to main roads can also cause grave hazards to motorists. It can be more dangerous than fog because of the unexpected and sudden reduction of visibility which results and farmers should make certain that the wind will not carry dense smoke near a main road before firing straw.

Members of the public frequently make the smell rather than the smoke the subject of their complaint. Sucessful control is easier to achieve if evidence of visible smoke can be given. When as a result of fowl pest at a large scale poultry producer's establishment several thousand chickens had to be burned it was the smell which caused local inhabitants to complain - for roasted chicken only smells appetising if the feathers are removed first ! If producers persist in burning waste of this sort without installing incinerators so that this can be done without causing nuisance it may well prove necessary for the council to take action under section 16 of the Clean Air Act. In view of the high benzpyrene content of bonfire smoke such action would be justified.

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Among the figures shown in the tables towards the end of this report are some which differ widely from those shown last year. It seems that returns from building inspection have not in the past taken account of all houses built in the year. As a result of adding too few to our totals each year we had a figure about 1,500 short of the correct one. Many more houses have been built than we were aware of, and the rate has been increasing.. An attempt has been made to produce accurate figures by resort to the rates department, to the census report, etc., and to correct for effedts of slum clearance, improvement grants, new building and conversion. The resulting figures cannot however be claimed as completely accurate, because some farm cottages derive mains water from metered farm supplies, and do not pay water rate, and some pail closets may be in use at isolated sites where our vehicle does not call to empty them.

The figures given are the best available estimates, and are far closer to the truth than were our previous figures. I hope that by next year accurate figures may be available.

With a high and rapidly rising rate of private house building, adequate inspection of all new houses is only possible if sufficient staff is employed. As the rate of development increases we shall have to review our staffing position frequently, for the public has a right to protection from the results of those building errors which only a qualified building inspector would detect. The effects of the building of the new refineries and other installations on the Humber Bank could well include such a spate of new house construction as to require the doubling of our staff within a short time.

People need more than just houses, however. Unless we plan and provide shopping centres and other anemities to attract them to the villages they will choose to dwell elswhere. Private enterprise seldom provides shops and services in advance of development or in an integrated manner. If we wish to see villages near the new industries grow into well laid out, convenient, and attractive communities we should be well advised to start planning and building now.

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Changes of staff during the year caused some unavoidable interference with the work of the Public Health Inspectors, for during part of the time we were understaffed, and it naturally takes a new inspector some time to become familiar with his district. In view of these difficulties the amount of work achieved by the department should be a source of some satisfaction.

As usual I am indebted to Mr. Kerr and his staff for the help they have given during the year and for the details of work done which are tabulated in the last few pages of this report.

I am,

Your obedient servant,

Medical Officer of Health.

GENERAL DESCRIPTION OF THE DISTRICT.

The Rural District of Glanford Brigg covers an area of about 136,595 acres and includes 41 parishes. The population is 37,400.

Although in the past the district has been mainly agricultural rapid industrial development is now iccurring on the Humber bank, where there are new oil refigeries under construction, and the Gas Board's new plant has been built. Elswhere there are tileries and brickworks, chemical and fertiliser works, Iron Stone Mines, and Cement Works. There is a small shipyard where barges are repaired, and part of a steelworks has extended into the district. There are a number of jetties and wharves where both coastal and foreign going ships berth, and Immingham Dock is extending into our district. A new nylon plant is under construction, and there are a variety of other smaller industries offering a wide range of employment.

It now seems probable that there will soon be even more rapid industrial expansion, with consequent massive population increase by imigration during the next few years. This may well change the whole character of the northern half of the district, and particularly those parts adjacent to the deep water channel of the Humber.

The western part of the district rises from the banks of the Trent to an escarpment of Limestone and Ironstone which slope gently down to the Ancholme valley. To the East of the Ancholme is a chalk escarpment from which the Wolds slope north east until finally the rather flat area, where clay overlies the chalk forms a coastal plain. As the new industrial development is predominently on this flat clay area it should not spoil any of our natural beauty spots.

Rateable value at 31st March, 1966 . . .	£1,479,324
Product of a penny rate 1965/66 . . .	£6,034

VITAL STATISTICS

	1963	1964	1965
Mid-year populations	36,810	37,040	37,400
Live births	784	834	845
Stillbirths	10	20	18
Infant Deaths under 4 weeks	12	12	8
Total deaths	406	406	393

	Legitimate			Illegitimate			Total
	Male	Female	Tot.	Male	Female	Tot.	
Live births	414	383	797	25	23	48	845
Stillbirths	8	10	18	0	0	0	18
Infant deaths under 1 yr.	9	7	16	1	1	2	18
Infant deaths under 4 wks.	5	2	7	0	1	1	8

	Glanford Brigg R.D.		England and Wales
	1964	1965	1964
Crude Birth Rate	22.5	22.6	18.5
Corrected Birth Rate *	22.3	22.4	(18.5)
Stillbirth Rate	23.4	20.9	16.0
Infant Mortality Rate	19.2	21.3	20.0
Legitimate Infant Mortality Rate	20.4	20.1	19.0
Illegitimate Infant Mortality Rate	--	41.7	26.0
Neonatal Mortality Rate	14.4	9.5	14.0
Early Neonatal Mortality Rate	14.4	9.5	12.0
Perinatal Mortality Rate	37.5	30.1	28.0
Illegitimacy Rate	5.9	5.7	7.2
Crude Death Rate	10.7	10.5	11.3
Corrected Death Rate *	11.6	11.2	(11.3)

* These corrections take account of the differing proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Hence a health resort to which old people retire and die would have a high crude rate and a low comparability factor to compensate, whereas an industrial area with few old people would have a low crude rate and a high comparability factor. The comparability factor for this district is 0.99 for births and 1.07 for deaths.

CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1965

(Registrar General's Figures)

CAUSES OF DEATH	AGE IN YEARS						TOTAL	
	0-	1-	15-	25-	45-	75+	M	F
1. Tuberculosis, respiratory	-	-	-	1	-	1	-	2
2. Tuberculosis, other	-	-	-	1	-	-	-	1
3. Syphilitic Disease	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-
6. Meningococcal Infection	-	-	-	-	-	-	-	-
7. Poliomyelitis	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-
9. Other Inf. & Parasitic Diseases	-	-	-	-	2	1	1	2
10. Cancer - Stomach	-	-	-	-	5	-	2	3
11. Cancer - Lung, Bronchus	-	-	-	-	14	2	14	2
12. Cancer - Breast	-	-	-	2	7	-	-	9
13. Cancer - Uterus	-	-	-	-	2	-	-	2
14. Cancer - Other	-	-	-	2	29	9	13	27
15. Leukaemia	-	-	-	1	1	1	2	1
16. Diabetes	-	-	-	-	4	4	4	4
17. Vascular Lesions (C.N.S.)	-	-	-	3	20	39	29	33
18. Coronary Disease, angina	-	-	-	1	51	34	53	33
19. Hypertension	-	-	-	-	3	2	2	3
20. Other heart disease	-	-	-	1	11	22	21	13
21. Other circulatory disease	-	-	-	1	10	16	14	13
22. Influenza	-	-	-	-	1	-	-	1
23. Pneumonia	4	1	-	-	2	4	5	6
24. Bronchitis	-	-	-	-	5	5	9	1
25. Other respiratory disease	-	-	-	-	2	3	3	2
26. Ulcer - Stomach & Duodenum	-	-	-	-	1	1	2	-
27. Gastritis, Enteritis & Diarrhoea	1	-	-	-	-	-	1	-
28. Nephritis & Nephrosis	-	-	-	-	1	-	1	-
29. Hyperplasia of Prostate	-	-	-	-	2	1	3	-
30. Pregnancy	-	-	-	-	-	-	-	-
31. Congenital Malformation	1	1	1	-	-	-	2	1
32. Other Diseases	9	-	-	-	12	8	15	14
33. Motor Accidents	-	2	3	5	1	-	8	3
34. All other accidents	3	-	-	2	3	1	7	2
35. Suicide	-	-	-	-	4	-	4	-
36. Homicide	-	-	-	-	-	-	-	-
Total:	18	4	4	20	193	154	215	178

CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE

(Locally compiled statistics)

CAUSES OF DEATH	AGE IN YEARS			
	0 - 1	1 - 14	15 - 49	50+
Infectious Diseases				
Tuberculosis, respiratory	-	-	1	1
Tuberculosis, other	-	-	1	-
Syphilitic disease	-	-	-	-
Diphtheria	-	-	-	-
Whooping Cough	-	-	-	-
Meningococcal Infection	-	-	-	-
Acute Poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other Infective and Parasitic Diseases	-	-	-	2
The Cancers				
Stomach	-	-	-	3
Lung and Bronchus	-	-	1	16
Breast	-	-	3	6
Uterus	-	-	-	2
Other	-	-	3	34
Leukaemia, Aleukaemia	-	-	1	2
Diabetes	-	-	-	4
Cardiovascular Diseases				
Vascular lesions of the nervous system	-	-	4	57
Coronary Disease, Angina	-	-	2	71
Hypertension with heart disease	-	-	1	15
Other heart disease	-	1	2	51
Other circulatory disease	-	-	-	22
Respiratory Diseases				
Influenza	-	-	-	-
Pneumonia	3	1	-	11
Bronchitis	-	-	-	11
Other	-	-	1	1
Ulcer of stomach and duodenum	-	-	-	3
Gastritis, enteritis and diarrhoea	1	-	-	-
Nephritis and Nephrosis	-	-	1	3
Hyperplasia of prostate	-	-	-	1
Pregnancy, childbirth and abortion	-	-	-	-
Congenital malformation	1	-	-	-
Other Diseases	8	-	-	7
Motor Vehicle accidents	-	1	5	1
All other accidents	3	-	3	3
Suicide	-	-	-	4

NOTIFICATIONS OF INFECTIOUS AND OTHER DISEASES BY AGE GROUP

Disease	0-	1-	2-	3-	4-	5-	10-	15-	25-	45-	65+	N.K.	Total
Measles	25	74	77	89	84	286	45	4	2	-	-	12	698
Dysentry	3	6	9	6	2	20	3	1	17	2	3	5	77
Tuberculosis (Resp)	1	-	2	-	-	2	-	2	5	3	-	-	15
Tuberculosis (Other)	-	-	-	-	-	-	1	-	-	-	1	-	2
Infective Jaundice	-	-	-	1	-	2	-	-	3	-	1	1	8
Scarlet Fever	-	-	-	1	-	7	1	-	-	-	-	-	9
Pneumonia	-	-	-	1	-	-	-	1	-	1	-	-	3
Meningococcal Inf.	1	1	-	-	-	-	-	-	1	-	-	-	3
Paratyphoid Fever	-	-	-	-	-	1	-	-	-	-	-	-	1
Food Poisoning	-	-	-	-	-	-	-	-	1	-	-	-	1
Whooping Cough	-	1	-	-	-	-	-	-	-	-	-	-	1
Total	30	82	88	98	86	318	50	8	29	6	5	18	818

During the year there were no cases of the following diseases notified:- Poliomyelitis; Diphtheria; Smallpox; Encephalitis; Typhoid Fever; Erysipelas; Puerpural Pyrexia; Opthalmic Neonatorum; Anthrax; Leptospirosis.

Food Poisoning

Causative Agent	No. of Outbreaks Family	No. of Outbreaks Other	No. of Cases in Outbreaks	No. of single Cases
S. Typhimurium	-	-	-	2
Other Salmonellae	-	-	-	-
Cl. Welchii	-	-	-	-
Staph. Aureus	-	-	-	-
Other causes	-	-	-	-
Cause unknown	-	-	-	-
Total:	-	-	-	2

Salmonella Infections (Not considered to be food borne)

Causative Agent	No. of Outbreaks Family	No. of Outbreaks Other	No. of Cases in Outbreaks	No. of single Cases
S. Typhimurium	1	-	4	1
Other Salmonellae:				
Paratyphi "B"	-	-	-	1
Total:	1	-	4	2

PARTICULARS OF IMMUNISATION AND VACCINATION CARRIED OUT IN THE AREA DURING 1965

Type of Vaccination or immunisation	Under 1	1 - 4	5 - 14	15 or over	Total
Diphtheria Immunisations					
Initial	-	-	-	-	-
Booster	-	-	2	-	2
Diphtheria & Whooping Cough Immunisations	-	-	-	-	-
Diphtheria, Tetanus & Whooping Cough Immunisations					
Initial	212	429	12	-	653
Booster	-	394	61	-	455
Diphtheria & Tetanus Immunisations					
Initial	-	2	39	-	41
Booster	-	27	206	-	233
Whooping Cough Immunisations	-	-	-	-	-
Whooping Cough & Tetanus Immunisations	-	-	-	-	-
Tetanus Immunisation					
Initial	-	1	104	81	186
Booster	-	-	5	-	5
Smallpox Vaccination			5 - 15		
Vaccination	27	250	10	-	287
Re-vaccination	-	9	12	-	21

Particulars of Poliomyelitis vaccinations carried out in the Glanford Brigg R.D. during the year ended 31st December, 1965.

SALK VACCINE

	Persons born in the years							
	65	64	63	62	61	60 - 55	54 - 50	Others
Had 2 injections	-	3	-	-	-	-	-	-
Had 3rd injection	-	-	4	2	-	-	-	-
Had 4th injection	-	1	-	-	-	12	-	-
Total:	-	4	4	2	-	12	-	-

ORAL VACCINE

	Persons born in the years							
	65	64	63	62	61	60 - 55	54 - 50	Others
Initial course of 3 oral doses	103	417	112	31	30	49	56	-
Oral booster after 2 salk injections	-	8	3	1	13	12	2	-
Booster dose of oral vaccine	-	-	2	4	24	410	48	-
Total:	103	425	117	36	67	471	106	-

WATER

Bacteriological Examinations

Public Supplies

Barrow-on-Humber Bore

Presumptive Coli Count	"Raw" Water Routine Samples	 Special Samples	Chlorinated Water
Less than 1 per 100 ml.	97	7	54
1 to 2 per 100ml.	20	7	2
3 to 10 per 100 ml.	3	3	-
More than 10 per 100 ml. or E coli type 1 present	25	43	-
Total tested:	145	60	56

Following salt tracing tests which indicated that material deposited at a suspected source of pollution reached the bore at Barrow within 6 days, daily bacteriological samples were taken at the bore during July and August. These samples are tabulated separately as "special" to avoid giving a false impression that pollution was worse in 1965 than in the previous two years, and because they were taken by the Water Board and not by our own staff.

Barton-on-Humber Bore

Presumptive Coli Count	"Raw" Water	Chlorinated Water
Less than 1 per 100 ml.	103	52
1 to 2 per 100 ml.	-	-
3 to 10 per 100 ml.	-	-
More than 10 per 100 ml. or E. coli type 1 present	1	-
Total tested:	104	52

Winterton Holmes Bore

Presumptive Coli Count	"Raw" Water	Chlorinated Water
Less than 1 per 100 ml.	46	46
1 to 2 per 100 ml.	-	-
3 to 10 per 100 ml.	-	-
More than 10 per 100 ml. or E. coli type 1 present	-	-
Total tested:	46	46

Scotney Bore

Presumptive Coli Count	"Raw" Water	Chlorinated Water
Less than 1 per 100 ml.	2	1
1 to 2 per 100 ml.	-	-
3 to 10 per 100 ml.	-	-
More than 10 per 100 ml. or E. coli type 1 present	-	-
Total tested:	2	1

Private Households (Mains Water - All sources)

Presumptive Coli Count	Chlorinated Water
Less than 1 per 100 ml.	4
1 to 2 per 100 ml.	-
3 to 10 per 100 ml.	-
More than 10 per 100 ml. or E. coli type 1 present	-
Total tested:	4

Private Supplies

Presumptive Coli Count	No. of Samples
Less than 1 per 100 ml.	27
1 to 2 per 100 ml.	3
3 to 10 per 100 ml.	1
More than 10 per 100 ml. or E. coli type 1 present	19
Total tested:	50

Details of Domestic Supplies *

Houses supplied from public mains -	In house	95% (est.)
	Outside tap ..	2% (est.)
Houses supplied from private sources -	In house	3% (est.)
	Outside tap ..	1% (est.)
Number of private sources considered to be unsatisfactory	..	4 plus private wells
Number of houses supplied therefrom	.. ..	350

* Owing to discrepancies between numbers of houses inspected and numbers actually built in recent years our records are not reliable. The figures given are the best available estimate.

Chemical Analyses

Barrow Bore

	Raw Water	Treated (Softened) Water
Appearance	Clear	Clear
Colour	Colourless	Colourless
Taste		Normal
Smell	None	None
	Parts per Million	
Reaction, pH value	7.4	7.4
Free Carbon Dioxide as CO_2	9.0	6.0
Ammoniacal Nitrogen as N	0.016	0.016
Albuminoid Nitrogen as N	0.024	0.016
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	3.73	3.98
Poisonous Metals (Lead etc.)	none	none
Hardness (calculated from Mineral Analysis as $CaCO_3$	375.5	99.7
Temporary	202.7	99.7
Permanent	172.8	nil
Permanganate Figure (4 hours at 80°F) as 0	0.32	0.36
Alkalinity as $CaCO_3$	202.7	99.7
Mineral Analysis		
Silica as SiO_2	8.0	8.0
Iron as Fe	0.03	0.17
Aluminium as Al_2O_3	0.38	0.16
Calcium as Ca	145.44	35.16
Magnesium as Mg	2.98	2.90
Sodium as Na	2.17	129.16
Carbonates as CO_3	121.56	121.56
Chlorides as Cl	41.0	40.0
Nitrates as NO_3	16.51	17.62
Sulphates as SO_4	102.05	103.04
Fluorine as F (by the distillation method)	0.15	0.15
Manganese as Mn	none	none
Probable composition of mineral constituents		
Silica	8.0	8.0
Iron Oxide	0.03	0.17
Aluminium Oxide	0.38	0.16
Calcium Carbonate	202.74	87.81
Calcium Sulphate	144.60	----
Calcium Chloride	60.11	----
Magnesium Chloride	3.48	----
Magnesium Carbonate	----	10.06
Sodium Carbonate	----	109.09
Sodium Chloride	----	65.94
Sodium Sulphate	----	152.38
Sodium Nitrate	8.02	24.16
Magnesium Nitrate	12.75	----

Barton Bore	Raw Water	Treated (Softened) Water
Appearance	Clear	Clear
Colour	Colourless	Colourless
Taste		Normal
Smell	None	None
	Parts per Million	
Reaction pH value	7.5	7.4
Free Carbon Dioxide as CO_2	8.0	6.0
Ammoniacal Nitrogen as N	0.016	0.016
Albuminoid Nitrogen as N	0.040	0.040
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	3.98	3.73
Poisonous Metals (Lead etc.)	none	none
Hardness (Calculated from Mineral Analysis) as $CaCO_3$	307.4	145.7
Temporary	202.7	145.7
Permanent	104.7	----
Permanganate Figure (4 hours at 80°F) as O	0.44	0.28
Alkalinity as $CaCO_3$	202.7	145.7
Mineral Analysis		
Silica as SiO_2	8.00	8.00
Iron as Fe_2O_3	0.29	0.26
Aluminium as Al_2O_3	0.24	0.15
Calcium as Ca	113.52	53.33
Magnesium as Mg	5.81	3.53
Sodium as Na	28.79	137.30
Carbonates as CO_3	121.56	115.47
Chlorides as Cl	45.0	108.00
Nitrates as NO_3	17.62	16.51
Sulphates as SO_4	85.92	84.60
Fluorine as F (by the distillation method)	0.15	0.19
Manganese as Mn	none	none
Probable composition of mineral constituents		
Silica	8.00	8.00
Iron Oxide	0.29	0.26
Aluminium Oxide	0.24	0.15
Calcium Carbonate	202.74	133.19
Calcium Sulphate	109.82	----
Magnesium Sulphate	10.58	----
Magnesium Chloride	14.37	----
Magnesium Carbonate	----	12.24
Sodium Carbonate	----	47.52
Sodium Sulphate	----	125.11
Sodium Chloride	56.55	178.05
Sodium Nitrate	24.16	22.63

Winterton Holmes Bore

	Raw Water	Treated (Softened) Water
Appearance	Very slightly turbid	Clear
Colour	Faintly yellow	Normal
Smell	None	None
	Parts per Million	
Reaction, pH value	7.5	7.2
Free Carbon Dioxide as CO_2	8.0	3.0
Ammoniacal Nitrogen as N	0.064	0.032
Albuminoid Nitrogen as N	0.032	0.016
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	2.44	1.47
Poisonous metals (lead, etc.)	none	none
Hardness (Calculated from Mineral Analysis as $CaCO_3$	488.3	117.3
Temporary	278.8	60.8
Permanent	209.5	56.5
Permanganate Figure (4 hours at 80°F) as O	0.44	0.48
Alkalinity as $CaCO_3$	278.8	60.8
Mineral Analysis		
Silica as SiO_2	8.0	7.0
Iron as Fe_2O_3	0.57	0.09
Aluminium as Al_2O_3	0.17	0.21
Calcium as Ca	152.32	25.84
Magnesium as Mg	26.21	12.82
Sodium as Na	69.66	146.10
Carbonates as CO_3	167.15	36.47
Chlorides as Cl	71.0	71.0
Nitrates as NO_3	10.80	6.51
Sulphates as SO_4	241.86	258.10
Fluorine as F (by the distillation method)	0.19	0.15
Manganese as Mn	0.027	none
Probable composition of mineral constituents		
Silica	8.00	7.60
Iron Oxide	0.57	0.09
Aluminium Oxide	0.17	0.21
Calcium Carbonate	278.77	60.82
Calcium Sulphate	138.21	5.06
Magnesium Sulphate	129.74	63.46
Sodium Sulphate	60.52	301.53
Sodium Chloride	117.05	117.05
Sodium Nitrate	14.81	8.92

Scotney Bore

Appearance	Clear
Colour	Faintly yellow
Smell	None

	Parts per Million
Reaction, pH value	7.4
Free Carbon Dioxide as CO_2	7.0
Ammoniacal Nitrogen as N	0.36
Albuminoid Nitrogen as N	0.040
Nitrous Nitrogen as N	none
Nitric Nitrogen as N	faint trace
Poisonous metals (lead etc.)	none
Hardness (Calculated from mineral analysis as $CaCO_3$)	299.8
Temporary	299.8
Permanent	nil
Permanganate Figure (4 hours at 80°F as O)	0.37
Alkalinity as $CaCO_3$	299.8

Mineral Analysis

Silica as SiO_2	5.00
Alumina as Al_2O_3	0.25
Iron as Fe_2O_3	0.63
Calcium as Ca	90.09
Magnesium as Mg	18.18
Sodium as Na	193.48
Carbonates as CO_3	249.9
Chlorides as Cl	46.0
Nitrates as NO_3	----
Sulphates as SO_4	229.45
Fluorine as F by the distillation method	0.15
Manganese as Mn	none

Probable composition of mineral constituents

Silica	5.00
Aluminium Oxide	0.25
Iron Oxide	0.63
Calcium Carbonate	225.00
Magnesium Carbonate	63.04
Sodium Carbonate	123.89
Calcium Sulphate	----
Magnesium Sulphate	----
Sodium Sulphate	339.33
Magnesium Chloride	----
Sodium Chloride	75.84
Sodium Nitrate	----

AIR POLLUTION MEASUREMENTS

1. Sites in the vicinity of the Kirton Lindsey Cement Works.

Deposit Gauge Readings

Total Solids - Tons/sq. mile/month

Month	Newlands Farm	Gainsthorpe Sewage Works	Gainsthorpe Farm	Electricity Sub Station	Huntcliffe Secondary School	Rainfall (ins.) *
Jan.	9.70	33.88	61.17	16.96	16.53	1.73
Feb.	5.56	340.34	37.72	6.85	19.60	0.59
Mar.	-	43.62	25.50	12.72	9.77	1.18
Apr.	17.05	127.20	101.21	16.06	13.91	2.01
May	-	46.43	47.43	10.93	6.99	1.73
June	-	79.39	48.89	17.95	15.56	1.73
July	9.50	96.18	81.11	17.45	16.20	2.25
Aug.	21.50	75.41	71.94	11.96	4.57	2.25
Sept.	6.75	68.62	96.25	14.9	4.64	4.26
Oct.	16.92	17.16	16.95	12.45	5.53	0.28
Nov.	23.38	22.72	21.42	16.33	9.51	2.88
Dec.	74.45	58.92	52.29	8.77	12.69	3.94
Av.	20.53	84.16	55.16	13.61	11.27	2.07

* Gainsthorpe Farm

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Greased Plate Readings

Tons/sq. mile/month

Month	Newlands Farm	Kirton Sub Station	Gainsthorpe Sewage Works	Gainsthorpe Farm	Huntcliffe Secondary School	Hibaldstow	Manton	Redbourne	Rainfall (ins.) *
Jan.	27.0	12.0	89.7	107.0	40.5	16.8	9.8	21.5	1.73
Feb.	8.0	12.6	5.5	115.5	24.6	12.5	8.0	45.0	0.59
Mar.	53.0	30.0	141.0	76.0	14.0	18.0	23.0	10.0	1.18
Apr.	36.0	17.0	116.0	266.0	15.0	17.0	11.0	25.0	2.01
May	-	8.4	136.3	255.7	25.6	15.0	15.0	19.6	1.73
June	52.8	17.0	179.0	139.0	25.0	33.6	14.5	15.5	1.73
July	14.0	16.0	168.0	255.6	19.7	26.7	4.6	10.0	2.25
Aug.	22.0	5.6	225.5	201.3	13.0	35.0	20.3	30.0	2.25
Sept.	39.4	4.0	167.7	169.5	10.5	21.3	14.5	22.8	4.26
Oct.	92.5	21.4	100.8	65.8	13.0	16.7	23.5	14.5	0.28
Nov.	60.5	17.0	30.8	59.4	9.0	12.8	8.7	33.6	2.88
Dec.	46.4	12.0	52.8	89.5	6.0	21.0	6.6	23.0	3.94
Av.	41.1	14.4	117.8	150.0	17.9	20.5	12.5	22.5	2.07

* Gainsthorpe Farm

[illegible]

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2. Sites in the vicinity of the South Ferriby Cement Works.

Greased Plate Readings

Tons/sq. mile/month

Month	Simons Farm Winteringham	South Ferriby Sluice	South End South Ferriby
November	17.3	21.0	25.1
December	16.6	37.3	22.6
Average:	16.95	29.15	23.85

FOOD AND DRUGS ACT, 1955

Samples of Food taken by the County Health Inspector for Chemical Analysis

Commodity Sampled	No. of Samples analysed
Milk	67
Processed milk products	2
Edible fats and oils	4
Tinned, Bottled, Dried and Preserved products	4
Alcoholic beverages	7
Non-alcoholic beverages	8
Sugar, flour confectionery	3
Meat and fish products	4
Medicines and drugs	2
Total:	102

Deficiencies

Sample tin fruit salad - labelling deficient - warning given.

Milk Special Designation Regulations

No. of samples of pasteurised milk (including samples taken from pasteurising dairies)	224
No. of samples sterilised milk	60
No. failing M.B. test	1
No. failing phosphotase test	1
No. of samples taken for biological examination	31
No. positive for brucella abortus	3
No. positive for tuberculosis	Nil

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

1965

HOUSING

Total number of dwelling houses and flats in the district.	13,000 (approx)
Total number of houses erected during the year:-	
By the local authority	74
By other local authorities	-
By other bodies or persons	320
Number allocated for replacing houses subject to Demolition orders or otherwise demolished	13

Housing Repairs and Rents Acts, 1954 - 57

Number of certificates of disrepair issued	Nil

Inspection of dwelling houses during the year.

Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	369
Number of inspections made for the purpose	783

Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	14

Action under statutory powers during the year.

Proceedings under Public Health Acts:-

Number of dwelling houses in respect of which notices were served requiring defects to be remedied	6
Number of dwelling houses in which defects were remedied after service of formal notices:-	
By owners	3
By local authority in default of owners	Nil

Proceedings under the Housing Acts.

Number of dwelling houses in respect of which notices were served requiring repairs	Nil
Number of dwelling houses which were rendered fit after service of formal notice:-	
By owners	Nil
By local authority in default of owners	Nil

Number of unfit houses purchased by local authority in accordance with Housing Acts	Nil
Number of certificates of disrepair issued	Nil

Slum Clearance - Proceedings under the Housing Acts.

Number of dwelling houses in respect of which demolition orders were made	13
Number of dwelling houses demolished in pursuance of demolition orders	33
Number of dwelling houses, or parts, subject to Closing Orders	27
Number of dwelling houses, or parts, rendered fit by undertakings	3
Number of dwelling houses included in confirmed Clearance Orders	Nil
Number of dwelling houses demolished in pursuance thereof	Nil
Total number of dwelling houses on which Demolition Orders are operative and which are still occupied except under the provisions of Section 34, 35, and 46 of the Housing Act, 1957	3
Total number of dwelling houses occupied under Sections 34, 35 and 46 of the Housing Act, 1957	Nil
Houses demolised or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or closure	1

Nissen Huts or other similar hutments:-

Number still occupied	Nil

Estimated number of dwellings, excluding those under paragraph (4) above remaining to be dealt with under:-

The Housing Act, 1957, Sections 16 and 18	243
The Housing Act, 1957, Section 42	Nil

Housing Acts - Overcrowding

Number of cases of overcrowding relieved during the year	2
Number of persons concerned in such cases	21

Number of dwellings overcrowded at the end of the year	13

Housing Acts, 1949 - 59

Number of dwellings for which applications for grants have been received:

Standard Grant	77
Discretionary Grant	85

Number of dwellings subject to grant:

Standard Grant	75
Discretionary Grant	82

Number of houses owned by local authority which have been the subject of grant aid by the Ministry	12

Moveable Dwellings, Tents, Vans, etc.

Caravan Sites and Control of Development Act, 1960

Number of Site Licences	32
Total number of caravans permitted under such licences	514

Number of inspections during the year:

Sites	30
Caravans	15

Number of contraventions remedied	Nil
Number of sites exempt from licence	20
Number of caravans thereon	20
Number of holiday chalets	Nil

FOOD PREMISES

Bakehouses

Number in district	4
Number of inspections	11
Number of contraventions	Nil

Ice-Cream

Number of Manufacturers on register	1
Number of premises licenced for the sale of ice cream	114
Number of inspections of premises made	36
Number of contraventions found	Nil
Number of samples taken:	
Grade 1	29
Grade 11	2
Grade 111	2

Meat Products

Number of premises registered for the manufacture of meat products	28
Number of inspections made	140
Number of contraventions found	2
Number of contraventions remedied	2

Other Food Premises

Number of other food premises (i.e. excluding bakehouses, and premises registered for the manufacture of ice-cream and meat products	150
Number of inspections made	530
Number of contraventions found	30
Number of contraventions remedied	29

Slaughterhouses

Number licenced:	
Abbattoir type	1
Private (individual)	4
Number operated by local authority:	
Abbattoir type	Nil
Other	Nil

UNSOUND FOOD.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	2,426	2	13	4,171	4,420	-
Number Inspected	2,426	2	13	4,171	4,420	-
All diseases except tuberculosis and cysticerci:						
Whole carcases condemned	1	-	-	4	3	-
Carcases of which some part or organ was condemned	324	-	-	12	177	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.4	-	-	.4	4.1	-
Tuberculosis only						
Whole cascase condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	38	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	.9	-
Cysticerosis						
Carcases of which some part or organ was condemned	10	-	-	-	-	-
Carcases submitted to treatment by refrigeration	10	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

OTHER FOODS CONDEMNED - NIL.

DRAINAGE AND SEWERAGE

Closets

Number of houses with privy vaults in the district	8
Number of houses with pail closets in the district	1,820
Number of houses with water closets in the district	11,170 estimated
Number of water closets substituted for pail closets and privy vaults	78

The council operates a pail closet emptying service weekly.

Cesspools and Septic Tanks

Number of cesspools and septic tanks emptied,cleansed,etc	473
Number of cesspools and septic tanks abolished	66

The council operates a cesspool/septic tank emptying service free once every two years

Two vehicles are in use full time for emptying pail closets

Sewerage and Sewage Disposal.

We continued to make steady progress towards sewering the district. Most of the larger villages now have a sewage disposal system, although due to their rapid growth some villages are already beginning to overload parts of their systems.

Many of the smaller villages still urgently require sewering. Schemes have been prepared for all but three of our parishes.

For the parishes of Croxton, Holme, and Manton, however the cost per property of providing sewers would at present be exorbitant, and schemes for these villages are unlikely unless further development increases their population to a level which could make it economic

It must be a cause for some concern that the village of Croxton and the hamlet of Burnham which are on the wolds and situated close enough to existing or proposed public water sources to create a risk of pollution cannot at present be sewered economically.

The present state of our district is as follows:

Villages already sewered (1964)

Barnetby
Barrow-on-Humber
Broughton
Bottesford
Burton Stather
Gunness
Messingham
Hibaldstow
Kirton Lindsey
Scawby
Goxhill
Wrawby
Whitton.

Schemes completed (1965)

Ferry Road West in the parish of Flixborough

Schemes in progress in 1965

North and South Killingholme and East Halton.	Sewers complete, but works not yet completed
Ulceby, Wootton and Thornton Curtis	Nearing completion
Alkborough	Nearing completion
Kirmington	Nearing completion

Schemes about to commence

Small scheme for Ashby Decoy	To tender
Winterton	To tender
Extensions at Broughton	To tender
Main schemes at Winteringham & Roxby	Approved by Ministry

Schemes prepared but awaiting Ministry Approval (1965)

North Axholme Scheme (East) i.e.	South Ferriby Horkstow Saxby-all-Saints Bonby Worlaby Elsham

Scheme for Burringham
Scheme for East Butterwick

Other Schemes in preparation

Melton Ross
Redbourne
Cadney
Appleby
West Halton
Flixborough

GENERAL

Offensive Trades

Number of premises in the district	1
Number of inspections made	6
Number of contraventions remedied.	-

Knackers Yard

Number licenced	1
Number of inspections made ,.	6
Number of contraventions remedied	-

Shops Act, 1950

Number of shops inspected	Nil

Offices, Shops and Railway Premises Act, 1963

Number of premises registered	50
Number of inspections made	130
Number of contraventions found	25
Number of contraventions remedied	25

Disinfection and Disinfestation

Rooms or premises disinfected:

Infectious disease other than tuberculosis	Nil
Tuberculosis	Nil
Number of premises subject to disinfestation	2

Refuse collection and Disposal

Number of premises from which refuse is collected	97%
Frequency of collection	Fortnightly or under
Method of disposal	Part controlled tipping
Number of tips	8
Number of refuse collection vehicles	7

Nuisances

Details of nuisances abated

Nuisance	After informal intimation	After statutory notice
Refuse	6	-
Foul ditches, ponds and stagnant water	17	-
Drainage	67	-
Poultry and Animals	10	1
Dangerous premises	6	4
Miscellaneous nuisances	15	-
Total:	121	5

Rodent Control

Number of rodent operatives employed		1
Number of premises treated :	Dwelling houses	629
	Other premises	23

The service covers domestic, business and agricultural premises.

There are no serious reservoirs of rats in the district.

Atmospheric Pollution

Number of visits	113
Number of nuisances found	2
Number of nuisances abated	2

Smokeless Zones

Smokeless Zone III submitted to the Minister

Total number of houses in smokeless zones 1,823

FACTORIES ACT, 1961

Part 1 of the Act

1. Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which sections 1,2,3,4 and 6 are to be enforced by the local authority	7	17	-	-
Factories not included in above which section 7 is enforced by the local authority	77	69	-	-
Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises).	11	4	-	-
Total:	95	90	-	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects Found	Remedied	Referred to H.M.I	Referred by H.M.I.	Number of cases in which prosecutions were instituted
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temperature (S.3.)	-	-	-	-	-
Inadequate ventilation (S.4.)	-	-	-	-	-
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
Unsuitable or defective	3	-	-	-	-
Insufficient	-	-	-	-	-
Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).	-	-	-	-	-
Total:	3	-	-	-	-

Part VIII of the Act

3. Details of Outwork (Sections 133 and 134) carried on in the district.

Number of outworkers in August list required by Section 133 (1)(c)	1
Nature of work	Wearing apparel, making, etc.
Number of cases of default in sending lists to the council	Nil
Number of instances of work in unwholesome premises	Nil
Number of notices served (section 134)	Nil
Number of prosecutions (section 134)	Nil

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